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ABSTRACT

Communication training for health care providers and consumers can help prepare individuals to effectively meet the communicative demands of health care practice. Offering health communication educational programs at several different educational contexts (in elementary and secondary schools, in health care organizations, and in universities, within pre-professional, health care professional, and communication college educational programs) is a promising strategy for reaching those individuals who are in most need of pertinent health communication information, analysis, and instruction. Health communication education should focus on the process of health care delivery by examining the communicative demands that are part of health care activities. Health care process topics apply communication skills specifically to the health care delivery system. Seven major topic areas in health communication education might include: (1) communicating in health care interviews; (2) communication and health education; (3) communication in practitioner/client relationship development; (4) communication in health care teams; (5) therapeutic communication; (6) communication and health care ethics; and (7) communication in health care organizations. (Twenty-five references are attached.) (MG)

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Mapping Out the Future: The Need For Health Communication Education

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Mapping Out the Future: The Need For Health Communication Education

Introduction

Health communication has developed as an important area of study concerned with the role of human interaction in the health care process. Students of health communication examine the variety of human communication phenomena crucial to the delivery of health care services to health care clientele, such as the role of communication in the: development and maintenance of health care practitioner/client relationships; interprofessional communication between interdependent health care providers; the flow of information throughout and between health care organizations, the expression of therapeutic communication, the dissemination of relevant health information to different professional and lay audiences, as well as the use of message and media strategies to promote public health through health education efforts.

All health care providers depend on their abilities to communicate effectively with their colleagues and clients to competently perform their health care duties. The doctor who interviews a new client to establish an accurate medical history, the dentist who probes a client's mouth to discover the source of the client's toothache, and the pharmacist who describes the use of a prescribed drug to a client, all depend on their ability to communicate effectively with health care consumers to accomplish their professional tasks. The consumers in the preceding examples also depend on their abilities to communicate effectively with the health care providers to accomplish their health care goals. Human communication education, focusing on the relationship between health care delivery and human interaction, can provide the impetus necessary to encourage health care providers and consumers to develop appreciation for the importance of human communication in health care, and to develop effective health communication skills and strategies.

Too often health communication research and education has focused only on the communication needs of health care providers. Consumers, as well as providers of health care, depend upon their abilities to communicate effectively in health care situations. For example, health care consumers depend on their interpersonal communication skills to: gather relevant health information about their health problems and treatments; elicit cooperation and respect from the health care providers that serve them; collaborate with others to make complex and far-reaching health care decisions; influence others to cope with the often-restrictive bureaucracy of the health care system; and cope symbolically with their health problems (Kreps, 1988b). To help consumers achieve these needs health communication education must help both consumers' and providers' increase the effectiveness of their communication in health care situations.

The Role of Communication in the Modern Health Care System

As knowledge about health and health care has progressed, the provision of health care services has grown increasingly complex. With the growing sophistication of health care practice the delivery systems for health care have become larger, more structured, and more technologically sophisticated than ever in the past. The need to coordinate the activities of many different specialists and technologies in modern health care has increased the importance of effective and timely communication in health care delivery systems (Kreps, 1988a). Communication is a crucial tool for coordinating people and technologies in complex health care systems.

Modern health care providers must be able to elicit cooperation from a vast array of interdependent others (health care consumers, specialists, administrators, and support staff) within the health care system to coordinate the effective delivery of health care services. Health care providers and consumers must be able to communicate strategically and persuasively to convince others to cooperate with them in the provision of health care. Health care providers and consumers must also be able to effectively utilize a wide range of new communication media and technologies (such as computer-based information systems, electronic messaging systems, and both stand-alone and mass mediated video information programs) to access relevant health information and provide important information to others to accomplish their health care goals (Kreps, 1988a). Health communication education can help health care providers and consumers acquire the communication knowledge and skills they need to be effective participants in the modern health care system.

Communication Competence and Health Communication Education

A central assumption in health communication research and education is that the effectiveness of health care depends largely on the communication skills and competencies of health care providers and consumers (see Arntson, 1985; Cassata, 1980; Cline, 1983; Hill, 1978; Kreps, 1988a; 1988b; 1988c; Kreps & Query, 1989; Kreps & Thornton, 1984; Lane, 1982; Morse & Piland, 1981; Thompson, 1985). This health communication assumption is based on a more general disciplinary assertion that effective communication is based upon the development and expression of communication competencies (Bostrom, 1984; Spitzberg & Cupach, 1984; Wiemann, 1977). Communication competency in health care is conceptualized as the ability to effectively utilize communication strategies, skills, and media to elicit cooperation from, gather information from, and share health information with relevant individuals within the health care system (Kreps, 1988a; 1988b; Kreps & Query, 1989; Maibach & Kreps, 1986; Ruben & Bowman, 1986). According to this central assumption, development of communication competencies is imperative for effective health care.

Effective health communication education can help health care consumers and providers develop both knowledge and skills about communication in health care, helping consumers and providers develop health communication competencies (Cassata, 1980; Kreps, 1985; Kreps & Query, 1989; Ruben & Bowman, 1986). To meet the health communication training needs of society educational institutions should implement curricula to help current and future health care providers, as well as health care consumers, develop both appreciation for the importance of effective communication in health care and enhanced abilities to communicate effectively in health care situations (Barnlund, 1976; Cassata, 1980, Kreps, 1988a). It is untenable to assume that health care providers and consumers will devlop adequate health communication skills and competencies on their own. Providers and consumers need support in developing knowledge and skills of competent health communication for use in seeking, interpreting, and providing relevant information to accomplish health care goals (Association of American Medical Colleges, 1984; 1985; Kreps & Query, 1989). Education is the most promising channel for increasing health communication competence (Kreps, 1988a; 1988c).

Implementation of Health Communication Education

Health communication education can and must be implemented in several different ways at many different educational levels. In elementary and secondary schools students can be taught in health, social studies, and

physical education classes to use communication effectively in health care, helping them become knowledgeable and strategic consumers of health care. Lessons for students about effective strategies for communicating about health problems (for example, how to clearly describe a health problem they are experiencing, such as pain, to others so they can get appropriate help quickly) both at home and in the health-care system, as well as teaching students how and where they can get information about health issues and help for their health problems can be integrated into several different courses, especially in basic health courses (Kreps, 1988). Lessons about how to provide basic or emergency health care to others, how to communicate therapeutically with others, how and where to seek emergency help for family members or friends, and how to resist major health risks are also relevant health communication topics that can be integrated into elementary and secondary school curricula.

Universities also have great potential to promote consumers' and providers' development of health communication competence. Health care professional educational programs (such as schools of nursing, pharmacy, dentistry, allied health, social work, and medicine) health communication courses or course sections should be introduced to supplement existing courses for health care providers (Cline & Cardosi, 1983). For practicing health care providers university continuing education programs can offer seminars and workshops about current health communication issues and strategies (Ruben & Bowman, 1986). College communication departments and schools can add communication courses to their undergraduate and graduate curricula to train communication students to become health communication specialists, as well as provide service courses for health care profession students from their campuses and health care practitioners from the larger university communities (Kreps & Query, 1989). College-based health communication courses can be most effective if they are designed to serve interprofessional groups of students, representing different parts of the health care system (such as different health care professions, consumers, and health care system administrators) to promote the development of interprofessional understanding and cooperation in the delivery of health care (Hill, 1978; Kreps, 1985, 1988a).

Health care delivery organizations can promote effective health communication for both providers and consumers through introduction of policies and in-house training guidelines which increase awareness of the communicative demands of health care and the optimal communication skills appropriate to them (Kreps, 1988a; Ruben & Bowman, 1986). For example, in health care delivery systems orientation programs and media (pamphlets, video programs, handbooks, etc.) for new employees, as well as for entering consumers, should stress the organization's support for good communication, emphasize the importance of interpersonal trust and cooperation in health care, and provide basic information about effective health communication strategies and skills. Health care organizations can utilize communication media such as video-tape programs, closed circuit television systems, and computer systems to educate providers and consumers. Health care organizations can also share their health information resources with the public by implementing health education programs and health fairs to promote public health and good will, as well as to gather information from these audiences about the specific health care concerns, needs, and problems of their relevant publics.

Institutions offering health care provider educational programs, professional societies for health care providers, and accrediting bodies for both health care organizations and educational programs have the opportunity to establish standards for effective provider health communication, as well as educational

programs for helping health care providers and consumers develop effective communication skills (Kreps, 1988a). These organizations can develop criteria for accrediting health care personnel, educational programs, and organizations by assessing the quality of health communication in health care practice. Such assessment and accreditation activities can spur the introduction and dissemination of health communication education and facilitate improvements in health communication practices. For example, a report of a recent national review of medical and pre-medical education programs conducted by the Association of American Medical Colleges indicated that many medical faculties were lagging behind in the development, teaching, and evaluation of physician communication skills and recommended that medical "faculties should teach effective communication with patients (including the medical interview) and must evaluate students' communication with patients with much more care than they do at present" (Association of American Medical Colleges, 1985, p. 126). Such institutions can also help stimulate and support health communication research, such as research designed to identify specific communication competencies needed by health care providers and consumers (Kreps, 1988a). For example, I am currently working with the Illinois Hospital Association to investigate the dynamics of effective and ineffective interprofessional health communication between doctors and nurses in hospital contexts. The results of this research program are likely to lead to development of interprofessional communication training programs for doctors and nurses.

Implementation of health communication curricula at each of these educational levels can help maximize health care consumers' and providers' development of health communication competencies (Kreps, 1988; Kreps & Query, 1986). By increasing the communication competencies of health care consumers and providers we can increase the effectiveness of formal and informal channels of health education in disseminating relevant health information to all segments of society. Better formal and informal dissemination of relevant health information can ultimately lead to increasing levels of public health by empowering individuals to choose the best available strategies for health promotion, helping to reduce levels of public morbidity and mortality.

Sample Health Communication Education Topics

Health communication education should focus on the process of health care delivery by examining the communicative demands that are part of health care activities. Process oriented health communication training should present students with clear applications of course topics to health care delivery, offering students pragmatic insights into how to get the most out of health care situations. Health care process topics apply communication skills specifically to the health care delivery system.

Seven major topic areas in health communication education might include:

1) communicating in health care interviews;

2) communication and health education;

3) communication in practitioner/client relationship development;

4) communication in health care teams;

5) therapeutic communication;

6) communication and health care ethics;

7) communication in health care organizations.

These seven topic areas are not always mutually exclusive of one another, but often overlap. Moreover, these seven topic areas are certainly not exhaustive of all health communication process topics, but are examples of the topics that have proven most useful to the health care providers and consumers in health communication educational programs that I have presented.

1. Health Care Interviewing

Client interviews should be identified as a basic formal avenue of interpersonal communication between health care providers and consumers. Interview strategies, styles, and techniques should be identified, discussed and applied to the interview situation. The perceptual process should be examined and related to the ways people evaluate one another in interview situations. Health care providers and consumers should be given the opportunity to practice interviews by role-playing different roles in "simulated health care interviews," (Carroll & Monroe, 1979). Videotape has been used as an effective feedback tool to record the simulated health care interviews and critique interview communication style.

Health care interviews perform an important information exchange function in health care, enabling providers and consumers to evaluate and diagnose the consumer's health care history and present condiution. The importance of allowing consumers to explain their own perceptions of their health care problems should be stressed as a crucial aspect of these interviews. Consumers depend upon their communication skills and strategies to describe their health condition, history, and concerns, as well as seek information from the providers, and practitioners depend upon their communication skills to seek information from consumers and explain symptoms of health care problems, diagnoses, health care treatment regimens, and health-risk prevention strategies (Maibach & Kreps, 1986). Clear use of language, explanation of complex health care jargon, sensitivity to nonverbal cues, and giving and seeking feedback should be stressed as important communication strategies in health care interviews. Additionally, providing information and support thorough counseling and mutual problem solving should be described as important elements of effective health care interviews.

2. Health Education

Health education should be identified as an important part of health care, where public health can be promoted through the provision of relevant health information about health care hazards, methods of self evaluation, when and where to seek health care services, and how to promote personal health. Health education is an important part of holistic health care, where the orientation is towards the prevention of health care problems and promotion of individual wellness. Consumers are empowered to promote their own personal health and direct their health care by the provision of relevant information about health and health care. Additionally, health education presentations should be discussed as a potential means for improving health care education by enhancing instructional communication and improving the quality of in-service training and education. Health care practitioners can share information about new methods of client care with their peers through their development of effective presentational speaking skills during in-service training sessions in their own health care organizations.

In health education training, health care providers and consumers should be

shown how to adapt their message strategies to describe and explain complex health care topics and procedures clearly and explicitly to different lay and professional audiences. Techniques and uses of written and other forms of mediated communication, as well as effective use of informative and persuasive presentational speaking should be examined and discussed. Research techniques for gathering relevant health information and good sources of current and accurate health information should be identified. Topic organization, structure, style, persuasive strategies, and delivery should be stressed as important parts of mediated communication and presentational speaking. The intricate interplay of verbal and nonverbal messages in health education presentations should be discussed. Audience analysis and the ability to adapt messages to particular audiences should also be discussed. When speaking, the ability to seek and utilize feedback from audiences, as well as the preparation and use of effective visual aides and graphics should be examined and practiced.

Training methods can include lectures, readings, group discussions, review of health educational materials and programs, as well as videotaped health education presentations by students on a variety of different health care topics. Students should be given the opportunity to practice health education presentation skills within the class. While the speaker gets experience in presenting health care information to an audience, the other class members develop their ability to critique presentational content and style, as well as recognize effective and ineffective presentational communication strategies, becoming sophisticated consumers of health information. Analysis of the students' videotaped presentations gives the speakers an opportunity to evaluate their own presentational strengths and weaknesses.

3. Practitioner/Client Relationships

The practitioner/client relationship should be identified as a crucial element in the relative success or failure of health care treatment. Every time health care providers and consumers communicate their interpersonal relationship is affected either positively or negatively since relationship development occurs every time interpersonal communicators exchange messages. Effective health communicators must be sensitive to the impact of their interpersonal messages on relationship development.

Content and relationship aspects of interpersonal messages should be presented and analyzed, (Watzlawick, Beavin, & Jackson, 1967). The quality of relationship messages should be examined, identifying personal and object levels of relationship communication (Kreps & Thornton, 1984). Personal communication can be shown to be a humanizing form of interaction, while object communication can be shown to be dehumanizing. Examples of personal and object communication in health care should be elicited, and the repercussions of these relationship messages on health care treatment should be examined. The reciprocal nature of interpersonal relationships should be examined, where relational partners establish mutual expectations for each other's behavior. Students should be instructed to use their interpersonal communication with others to help them recognize these relational expectations. The importance of updating perceptions of relational expectations by constantly seeking feedback between interpersonal communicators should be stressed as a key element in relationship development.

Lectures and group discussions can be used as the primary training methods in presenting information about client/practitioner relationships to class members. Students should be encouraged to evaluate the interpersonal

relationships they have developed with health care providers (and clients if they are health care providers themselves). How effective have these health care relationships been? What aspects of the interpersonal communication between client and practitioner may have caused the relationships to become more or less effective? How does human communication affect relationship development in these situations? Strategies for becoming more sensitive to relational needs and developing effective client/practitioner relationships should be discussed.

The client/practitioner relationship should be examined as a crucial issue in health care provision, and poor health care relationships should be identified as a primary cause of many current problems in the health care system. Ineffective client/pratitioner relationships should be examined as potential causes of such health care issues of poor client compliance, unrealistic expectations by clients and practitioners in health care, miscommunications between clients and pratitioners, lack of sensitivity between communicators in health care, and general dissatisfaction with health care services by both health care consumers and health care providers. The establishment of effective health care relationships should be shown to have multifarious implications for improving the quality of health care delivery.

4. Health Care Team Building

The importance of developing effective health care teams in modern society should be examined in light of the growing specialization and complexity of modern health care practice. No one health care professional has all of the knowledge or skills necessary to provide high quality health care in most situations. In modern health care the wide range of specialized health care providers must work interdependently along with the health care consumer to provide the best possible health care services to the public.

Intercultural and group communication should be examined as key elements in developing effective health care teams. Intercultural communication should be related to interprofessional relations between interdependent health care providers. Occupational ethnocentrism and disparities in professional status should be examined as potential intercultural barriers between health care professionals and clients that make up the health care team. Sex roles in health care (particularly between physicians and nurses) should also be examined as potential cultural barriers to the development of health care teams. The use of health care jargon should be discussed as a means of expressing cultural group membership, and the importance of using shared symbols between team members should be stressed. (Some of the communication problems associated with using health care jargon with lay persons should also be discussed).

Principles of small group communication should be applied to health care team building and discussed with reference to the development of group norms, roles, leadership, cohesiveness, and decision making in health care teams. The health care team should be identified as an interdisciplinary group of health care professionals whose common point of reference is the health care consumer. The consumer should be seen as an important member of an effective health care team. Different leadership styles should be examined for use in different health care situations and with different kinds of health care teams. Conflict between members of health care teams should be examined as a potentially productive or destructive phenomenon, based upon the way team members communicate with one another in conflict situations. Ethical conflict communication techniques should be examined as strategies for maintaining

conflict to maximize its productive aspects and minimize its destructive aspects.

Health care team building should be presented through lectures, discussions and role playing exercises. Students should be given the opportunity to portray health care professional roles that are different from their own (including the client role) in health care decision making exercises. These exercises help sensitize students to the personal orientations and cultural perspectives held by different members of health care teams. Increased sensitivity to different cultural perspectives helps students recognize the legitimacy of these different perspectives on reality. Conflict, leadership emergence, and decision making strategies that develop within the group role playing exercises should be discussed and strategies for improving small group communication and performance should be discussed.

5. Therapeutic Communication

Therapeutic communication should be identified as a key communication characteristic of helping, and health care should be characterized as a helping profession. Therapeutic communication should be related to holistic health care in that it encourages individuals to take an active role in their health care treatment. The therapeutic communicator is a helper who facilitates an individual's development of personal recognition, analysis, and coping.

Therapeutic communication should be examined as a means of promoting personal reorientation, support, and growth for consumers and providers of health care services. Key elements of interpersonal communication, such as self disclosure, risk-taking, empathy, intimacy, and the development of supportive communication relationships, should be examined as potentially therapeutic communication activities. The importance of using sensitive verbal and nonverbal communication messages in client/pratitioner relationships should be emphasized as important ingredients in facilitating therapeutic communication. Health communication can become therapeutic if interpersonal communicators express empathy, trust, honesty, validation, and caring to one another in their interpersonal interactions (Kreps & Thornton, 1984).

Health communication training in therapeutic communication can be presented through a combination of lectures and group discussions. Specific health care situations where therapeutic communication is essential, such as communication with the terminally ill, can be examined and discussed. Discussions can also be used to identify the implications of both therapeutic and pathological communication situations in health care treatment. Strategies for correcting pathological communication patterns and becoming a more therapeutic communicator can also be discussed.

6. Health Communication Ethics

Ethics in health communication should be examined as moral evaluations of the correctness of health care behaviors. Ethical standards are not absolute, but should be shown to be relative to the specific situation and cultural orientation of the individuals involved. Rather than presenting rigid standards about what is or is not ethical, ethics should be presented as flexible and situational. Human communication is used as both the means of performing, evaluating, and determining the relative ethics of health care situations. It should be stressed that ethical standards for health communication can best be established through discursive communication between

members of a community of health care providers and consumers.

Health communication ethics can be presented through a combination of lectures, discussions, and analyses of moral dilemmas. Examples of moral dilemmas in health care, such as questions of euthanasia, or distribution of limited health resources can be presented and examined. Current issues in health care practice can be discussed. Information politics, or the sharing or withholding of health care information as a means of gaining and wielding power, should be examined from the perspective of communication ethics. Honesty should also be examined from the perspective of communication ethics. When, if ever, is it ethical not to tell the complete truth in health care practice? Should a health care professional withhold information to protect a client's emotional health? What role does client confidentiality have in information exchange in health care communication? What are the ethical constraints on communication efforts to obtain informed consent from health care consumers? Are the use of placebo medications honest and ethical? Students should be trained to develop insight into the ethical dimensions of various different health care situations.

The group should be encouraged to explore the many different ethical considerations health care providers and consumers must make in modern high care. "Paternalism, truth-telling, and the day-to-day treatment issues, such as time, brusqueness, and nonverbal communication are matters for ethical inquiry" (Thornton, 1980, p. 3). The ethics of double standards of treatment for the poor and the wealthy, to minority and majority group members, the young and the old, as well as for male and female health care consumers should be discussed. The issues of communicating about client mortality, including communication with the terminally ill, euthanasia, and organ donations should also be discussed with reference to the ethical decisions health care practitioners must make.

7. Communication in Health Care Organizations

Health care organizations, such as hospitals, medical centers, and nursing homes, should be presented as the primary social systems for the delivery of health care services in the modern world. The importance of effective communication in health care organizations should be stressed as a key factor in the successful operation of these organizations. Internal and external communication demands that are made on health care organizations should be identified and discussed. Problems and functions of formal and informal message flow in health care organizations should be examined. Hierarchy, organizational structure, and bureaucracy should be identified as elements of the organization that provide rules and constraints on organizational behavior and communication. The need for innovation in health care organizations should be examined, as well as the balance the organization must maintain between structure and change. Communication strategies for effectively implementing change within health care organizations should be proposed and discussed.

Communication in health care organizations can be presented through lectures, discussions, and case study analyses. Case histories of problem situations faced in health care organizations should be examined by class members. Organizational difficulties should be identified and analyzed. Suggestions for improvement of the communication systems in the cases should be elicited and specific action plans for implementing the suggestions should be discussed. The analysis of health care organization case studies can allow students to directly apply the information from class lectures and readings to

analyzing realistic organizational problems and developing strategies for solving communication difficulties in health care organizations.

Specific communication issues in health care organizations can be identified and discussed in the class. Some of these issues might include role conflict and multiple authority problems facing many mid-level hospital employees (such as staff nurses), over-development of bureaucratic regulations and "red-tape" in hospitals organizations, competition between the formal and informal communication systems in many health care organizations, and competitive interprofessional relationships in health care organizations. Students might be asked to examine and evaluate their own communication roles within any health care organizations where they have work or sought care.

Conclusion

Communication training for health care providers and consumers can help prepare these individuals to effectively meet the communicative demands of health care practice. Offering health communication educational programs at several different educational contexts (in elementary and secondary schools, in health care organizations, and in universities, within pre-professional, health care professional, and communication college educational programs) is a promising strategy for reaching those individuals who are in most need of pertinent health communication information, analysis, and instruction.

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